

ANIMAL BITE INFORMATION CHICAGO POLICE DEPARTMENT				BEAT ASSGN.	BEAT/OCCUR.	DATE OF REPORT	TIME	TELEPHONE NO.
ANIMAL OWNER'S NAME				1511	1511		1911	
ANIMAL OWNER'S DESCRIPTION	SEX	RACE	AGE	HEIGHT	WEIGHT	BUILD	COMPLEXION	MUSTACHE
	F	1	22	411	129	Slender	Dark	N/A
VICTIM'S NAME	[REDACTED]			ADDRESS		[REDACTED]		
LOCATION OF INCIDENT	[REDACTED]			ADDRESS		[REDACTED]		
TREATED BY - PHYSICIAN'S NAME	DR. [REDACTED]			ADDRESS		[REDACTED]		
DESCRIPTION OF INJURY	BITE WOUNDS TO RIGHT FOOT/ANKLE			ANIMAL LICENSE NO. CITY/TOWN		[REDACTED]		
ANIMAL	BREED	COLOR	SIZE	RABIES TAG NO.		SEX		
249	PIT BULL	BROWN	<input type="checkbox"/> SMALL <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE	N/A		M		

CPD-34.226 (Rev. 8/81)

OWNER NOTIFIED ☒ YES ☐ NO ANIMAL NOTICE FORM GIVEN TO OWNER ☐ YES ☒ NO ANIMAL IMPOUNDED ☐ YES ☐ NO ☐ OWNER ☐ VET ☒ OTHER (IF OTHER, EXPLAIN) DESTROYED

ANIMAL INV. NO. (IF ANIMAL IS IN CUSTODY) NAME & ADDRESS OF VET EXAMINING ANIMAL (IF ANIMAL IS NOT KEPT AT ANIMAL CONTROL CENTER)

n/a

n/a

CITATION NO.	CHAPTER SECTION	DESCRIPTION
CITATION ISSUED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7-12-030	FAIL TO KEEP ANIMAL UNDER RESTRAINT
COURT BR. & DATE	CITATION NO.	CHAPTER SECTION DESCRIPTION

NOTIFICATION: GLUCIA # 17304 @ 2058 hrs (FOR BITE #)

NAME OF ANIMAL CONTROL MEMBER TAKING REPORT

BADGE NO.

TIME ASSIGN. COMPLETED

REPORTING OFFICER

STAR NO.

SUPERVISOR APPROVING

STAR NO.

M. LUTHER

6722

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